

DECLARATION OF TIMELY MAILING

INSTRUCTIONS: Please complete the entire form and return it to the Board of Equalization (Board) office that provided the form to you. Otherwise, you may mail the completed form to your local Board office listed in the telephone directory under State Government, or as listed on our website at www.boe.ca.gov.

Upon receipt of the completed form, the Board will review it and you will be notified by mail of the decision.

NAME OF TAXPAYER/FEEPAAYER	ACCOUNT NUMBER
	REPORTING BASIS

I, _____, state that on or about

_____ o'clock on the _____ day of _____ .
time day month and year

I placed in the United States mail at a post office, mail box or other like facility located at

_____,
 a postage prepaid sealed envelope addressed to the State Board of Equalization, which contained a

- ☐ prepayment
☐ tax return
☐ fee return

for the period ended _____,

together with a check or money order in the amount of \$ _____ for
 liability under the account number shown above.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE



DATE